



injuries or illness incurred while at camp. I understand that participation in various sports involves motion and as such carries with it the risk of injury. The camp is not responsible for personal items that are lost, stolen or damaged. All medical expenses incurred will be the responsibility of the camper's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the names camper's participation in the camp program. I also understand that the camp retains the right to use photographs, videotapes, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose.

SIGNATURE of Parent or Legal Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME of Parent or Legal Guardian: \_\_\_\_\_

**If this form is not signed in the presence of an employee of Orlando Watersports Complex, it must be notarized below.**

Sworn to and subscribed before me this _____ day of _____, 20____,
By: _____
Notary Seal:
_____
Signature of Notary Public
_____
Name of Notary Typed, Printed, or Stamped
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

**\*\* 2 Week Cancellation Policy \*\***

Refunds will be given only if you cancel 2 weeks in advance of your appointment. No refunds for short notice (less than 2 weeks) cancellation.